

INSTRUCTIONS FOR COMPLETING THIS FORM

This form should be used in accordance with Conferral of Titles for People Associated with the University Policy and Procedure for the conferral of an Adjunct, Visiting or Associate title. The form must be authorised by the nominating organisational unit's Dean, then by the Deputy Vice-Chancellor (Academic) or Deputy Vice-Chancellor (Research) before submission to the Vice-Chancellor.

SECTION 1 – NOMINATOR DETAILS

FACULTY / UNIT	
NOMINATOR'S NAME & POSITION	

SECTION 2 – NOMINEE DETAILS

FAMILY NAME		GIVEN NAME(S)	
TITLE		DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
POSTAL ADDRESS			
E-MAIL ADDRESS		TELEPHONE NUMBER	
CITIZENSHIP AND AUTHORITY TO VISIT OR WORK IN AUSTRALIA	Does the nominee have Australian Citizenship?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no: ▪ What is the nominee's country of citizenship		
	▪ Does the nominee have authority to work in Australia?		<input type="checkbox"/> Yes (If yes, attach evidence) <input type="checkbox"/> No (If no, does visitor require a letter of invitation signed by HR for visa purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No)
QUALIFICATIONS			
HOME INSTITUTION (if appropriate)	Name		City/Country
	Position at home institution		

SECTION 3 – DETAILS

TITLE TO BE AWARDED	<input type="checkbox"/> Adjunct Professor <input type="checkbox"/> Adjunct Associate Professor <input type="checkbox"/> Clinical Associate <input type="checkbox"/> Adjunct Teaching Fellow <input type="checkbox"/> Adjunct Research Fellow <input type="checkbox"/> Visiting Professor <input type="checkbox"/> Visiting Fellow <input type="checkbox"/> Other:		
PERIOD OF INVITATION (DD/MM/YYYY)	Start Date:		End Date:
TYPE OF INVITATION	<input type="checkbox"/> New Invitation <input type="checkbox"/> Renewal If Renewal, dates of previous invitation(s) : _____		
PURPOSE OF INVITATION <small>(where duties involve research supervision, the Higher Degrees Committee must first approve it)</small>	Proposed duties	<input type="checkbox"/> Collaborative Research <input type="checkbox"/> Research Supervision <input type="checkbox"/> Observing, participating in Research <input type="checkbox"/> Guest Lecture <input type="checkbox"/> Other.....	
		The following not eligible for conferral of Adjunct, Visiting or Associate title * Teaching / Lecturing – (457 Visa Applies) * PhD Student for Research towards Qualification (442 Visa Applies)	

RATIONALE FOR CONFERRING TITLE	<i>(Attach a separate sheet outlining the rationale for conferring the recommended title, in accordance with Conferral of Titles for People Associated with the University Policy and Procedure, together with a summary of the person's qualifications and experience relevant to the proposed title)</i>		Separate sheet attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
ALLOWANCES AND COSTS FOR NOMINEE	Costs paid / reimbursed	Living Allowance <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Amount (Weekly): \$ <input type="checkbox"/> Paid directly by Unit <input type="checkbox"/> Reimbursed on presentation of receipts		
Travel <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Type of expenses to be covered: Amount: \$ <input type="checkbox"/> Paid directly by Unit <input type="checkbox"/> Reimbursed on presentation of receipts				
IMAN Insurance (temp visa holder insurance) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Paid directly by Unit <input type="checkbox"/> Reimbursed on presentation of receipts				
Cost of Visa Application <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Paid directly by Unit <input type="checkbox"/> Reimbursed on presentation of receipts				
FINANCE DETAILS			Finance Cost Centre / Account Code: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
LOCATION		Is an office required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where will the nominee be located? _____		
CONDITIONS OF INVITATION (additional to those outlined in Conferral of Titles for People Associated with the University Policy and Procedure)				

SECTION 4 – RECOMMENDATION

Recommendation 1 – Dean				
In recommending this invitation, I am satisfied that (1) the person named in Section 2 is appropriately qualified and/or experienced to be awarded the title, in accordance with Conferral of Titles for People Associated with the University Policy and Procedure; and (2) funds are available and I authorise any reimbursements that form part of this invitation.				
Name		Signature		Date
Recommendation 2 – Deputy Vice-Chancellor (Academic) or Deputy Vice-Chancellor (Research)				
In recommending this invitation to the Vice-Chancellor, I am satisfied that the person named in Section 2 is appropriately qualified and/or experienced to be awarded the title, in accordance with Conferral of Titles for People Associated with the University Policy and Procedure.				
Name		Signature		Date

SECTION 5 – APPROVAL

Approval by Vice-Chancellor				
Name		Signature		Date

HR Use Only				
Date letter of invitation sent (with copy to nominators)		Invitation accepted or rejected		